

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

34439

1. PLACE OF DEATH

County St. Louis
Township Central
City Richmond Hts. (Not St. Marys)

Registration District No. 1170
Primary Registration District No. 6348H

File No.
Registered No. 207
St. Ward)

2. FULL NAME

(a) Residence, No. 746 Westgate
(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 7, 1933</u>		
7. AGE YEARS	MONTHS	DAYS
		<u>4</u>
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY)

13. NAME Henry Laeks
14. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY)

15. MAIDEN NAME Eva Laeks
16. BIRTHPLACE (CITY OR TOWN) Poland
(STATE OR COUNTRY)

17. INFORMANT Henry Laeks
(ADDRESS) 746 Westgate

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chapel Hill DATE 10/11

19. UNDERTAKER H. B. B. Co.
(ADDRESS) 4715 N. St. Louis

20. FILED 10/10 1933 Gertrude Porter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 7 1933 to Oct 11 1933

I last saw him alive on Oct 11 1933 Death is said

to have occurred on the date stated above, at 9:10 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Imperforate Anus
Basal obstruction
75 (Congenital)

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) D. A. Wentraub, M. D.

(Address) 453 N. Taylor

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

NOV 10 1933

